## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)			<u> </u>	PAGE 1 OF 6 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
Senate Conservatives Fund			C co	00448696
Check if 24-hour report X 48-hour report	New re	eport Amends repor	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Senate Conservatives Fund			03	21 / 2015
Mailing Address PO Box 388			Amount	
City	State	Zip Code		141.90
Alexandria	VA	22313-0388		: E9CCFC48AF01F442DBF7 ement or Obligation
Purpose of Expenditure IE-Lee-Online Processing		Category/ Type	03	21 2015
Name of Federal Candidate		Support	Office Sought:	House District:
Mike Lee		Oppose		Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		24520.78	Disbursement For: 2016 Other (spec	Primary General
Full Name of Payee			Date of Public D	Distribution/Dissemination
Senate Conservatives Fund			03	28 / 2015
Mailing Address PO Box 388			Amount	
City	State	Zip Code		85.65
Alexandria	VA	22313-0388		E2B5C26017AE240F4BB0 ement or Obligation
Purpose of Expenditure IE-Lee-Online Processing		Category/ Type	03 /	28 / Y 2015
Name of Federal Candidate		Support	Office Sought:	House District:
Mike Lee		Oppose	President X	Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		24606.43	Disbursement For: 2016 Other (spec	Primary General
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(a) SUBTOTAL of Itemized Independent Expenditu	ures		<b>)</b>	227.55
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	idate or authorize			
Paul Kilgore	[Electro	onically Filed] Date	04 / D D /	2015
Signature		_		